

# LOUISIANA DEPARTMENT OF INSURANCE

## Application for Resident or Non-Resident

### Insurance Business Entity

(Please Print or Type)

#### Check appropriate box for license requested.

- # Resident License
- # Non-Resident License
- Identify Home State: \_\_\_\_\_
  - Identify Home State License #: \_\_\_\_\_

① Business Entity Name		② Incorporation/Formation Date		③ FEIN -	
④ If assigned, National Producer Number (NP#)		⑤ If applicable, NASD Firm Central Registration Depository (CRD) Number			
⑥ List any other assumed, fictitious, alias or trade names under which you are doing business or intend to do business.		⑦ State of Domicile		⑧ Country of Domicile	
⑨ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>					
⑩ Business Address		⑪ City		⑫ State	⑬ Zip Code
⑫ State		⑬ Zip Code		⑭ Foreign Country	
⑮ Phone Number ( ) -		⑯ Fax Number ( ) -		⑰ Business Web Site Address	
⑰ Business Web Site Address		⑱ Business E-Mail Address			
⑲ Mailing Address		⑳ P.O. Box		㉑ City	㉒ State
㉒ State		㉓ Zip Code		㉔ Foreign Country	

#### Designated/Responsible Licensed Producer/Adjuster

㉕ Identify at least one Designated/Responsible Licensed Producer/Adjuster

Name _____	LA License # _____	SSN _____	-	-
Name _____	LA License # _____	SSN _____	-	-
Name _____	LA License # _____	SSN _____	-	-
Name _____	LA License # _____	SSN _____	-	-

#### Owners, Partners, Officers and Directors

㉖ Identify all owners, partners, officers and directors of the business entity:

Name _____	Title _____	License # _____	SSN _____
Name _____	Title _____	License # _____	SSN _____
Name _____	Title _____	License # _____	SSN _____
Name _____	Title _____	License # _____	SSN _____
Name _____	Title _____	License # _____	SSN _____
Name _____	Title _____	License # _____	SSN _____
Name _____	Title _____	License # _____	SSN _____
Name _____	Title _____	License # _____	SSN _____
Name _____	Title _____	License # _____	SSN _____
Name _____	Title _____	License # _____	SSN _____
Name _____	Title _____	License # _____	SSN _____

Fiscal Division	Agent Licensing	FOR DEPARTMENT OF INSURANCE USE ONLY	
		Classification Number	
		Initials	
		License Number	
		Issue Date	

Place an X by the license type for which you are applying							
<input type="checkbox"/>	Producer	<input type="checkbox"/>	Surplus Lines Broker	<input type="checkbox"/>	Public Adjuster	<input type="checkbox"/>	Claims Adjuster

Place an X by one							
<input type="checkbox"/>	Resident License	<input type="checkbox"/>	Nonresident License	<input type="checkbox"/>	Temporary License	<input type="checkbox"/>	Amended License

Producer Major Lines of Authority – Place an X by the license code(s) for which you are applying					
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date	
<input type="checkbox"/>	Life	A	Yes	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Health & Accident	B	Yes	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Life Health & Accident	C	Yes	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Property	J	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Casualty	K	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Property & Casualty	LM	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Personal Lines	W	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Variable Contracts	Z	No	\$75	April 30 <sup>th</sup> Every Year
<input type="checkbox"/>	Surplus Lines	S	Yes	\$250.00	April 30 <sup>th</sup> Every Year

Producer Credit Lines of Authority – Place an X by the license code(s) for which you are applying					
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date	
<input type="checkbox"/>	Credit Life	E	No	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Credit Health & Accident	F	No	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Credit Life Health & Accident	EF	No	\$75	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Credit Property & Casualty	R	No	\$75	April 30 <sup>th</sup> Odd Years

Producer Limited Lines of Authority – Place an X by the license code(s) for which you are applying					
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date	
<input type="checkbox"/>	Industrial Fire	O	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Bail Bond	P+	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Vehicle Physical Damage	M	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Fidelity & Surety	P	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Title	N	Yes	\$75	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Industrial Life Health & Accident	D	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Home Service	H	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Travel	I	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Even Years
<input type="checkbox"/>	Baggage	Q	No	\$75 initial line and \$35 each additional line	April 30 <sup>th</sup> Odd Years

Claims Adjuster Lines of Authority – Place an X by the license code(s) for which you are applying					
Fee for License is \$55.00 regardless of how many lines are selected.					
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date	
<input type="checkbox"/>	Automobile	G1	Yes	See Above	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Personal Lines	G2	Yes	See Above	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Commercial Lines	G3	Yes	See Above	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Comprehensive	G4	Yes	See Above	April 30 <sup>th</sup> Odd Years
<input type="checkbox"/>	Crop	G6	No	See Above	April 30 <sup>th</sup> Odd Years

Public Adjuster – Place an X by the license code for which you are applying					
Line of Authority	Code	Exam	Fee (Non Refundable)	Expiration Date	
<input type="checkbox"/>	Public Adjuster	G5	Yes	\$55	April 30 <sup>th</sup> Odd Years

**Licensing fees are nonrefundable and nontransferable.**

Regardless of the date of issue, all life, health & accident licenses expire on April 30<sup>th</sup> of the even numbered years, all property & casualty licenses expire on April 30<sup>th</sup> of the odd numbered years and all Public and Claims Adjuster licenses expire on April 30<sup>th</sup> of odd numbered years.

☐ To avoid having to renew this license, I wish to have my license issued for May 1<sup>st</sup>, and I understand that I cannot sell, solicit or negotiate insurance policies until May 1<sup>st</sup>.

☐ **Nonresidents only:** If you **DO NOT** find your license type listed above, you must provide the license type and qualifications you hold in your home state. You do not need to submit a Letter of Certification or printout from the Producer Database (PDB) as long as your current information is available on the PDB.

License Type \_\_\_\_\_

### Background Information

27 Please read the following very carefully and answer every question. All written statements submitted by the Applicant must include an original signature.

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

### Bank Applicants Only

28 Check the situation that applies to you

- ☐ License applications submitted that are for a one hundred percent (100%) owned subsidiary of a bank holding company must disclose the shareholder or holding company.
- ☐ License applications that are for a one hundred percent bank owned bank subsidiary applicant must disclose the bank or shareholder.
- ☐ License applications submitted by bank subsidiaries, or by banks that are holding company subsidiaries, where the applicant "parent" owns less than one hundred percent (100%) must disclose all shareholders owning ten percent (10%) or more.
- ☐ Credit insurance producer applications submitted by banks must list those shareholders who own ten percent (10%) or more of the bank's stock. If the financial institution applicant has no "stockholders", as is the case with mutual savings banks; indicate that the applicant is a mutual institution.

**Surplus Lines Broker Firm Applicants Only****29 Part A. Louisiana Residents Only**

The Surplus Lines Records will be maintained and available for audit at:

Street:	City:	State: Louisiana	Zip Code:
Print Full Name of Countersigning Producer		License # of Producer	Social Security # of Producer
Do the officers, partners, or employees of the partnership/corporation applicant, who will be engaged in the procurement and countersigning of surplus lines policies, have the two years' experience as a licensed property and casualty producer? If no, attach a certificate from a property and casualty insurer verifying your two years experience.			Yes _____ No _____
Are the officers, partners, or licensed employees of the partnership/corporation applicant, who will be engaged in the procurement and countersigning of surplus lines policies, currently licensed as a property and casualty producer in the State of Louisiana?			Yes _____ No _____

**Part B. Residents and Non-Residents**

List below all officers, partners, or employees who are licensed as property and casualty producers and who have already passed the surplus lines broker exam. The officers or partners listed will be the only individuals authorized to countersign surplus lines policies for the firm. Attach additional sheets if needed.

Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-

**Applicants Certification and Attestation****30** The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.
8. For Non-Resident License Applications, I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

**Must be signed by the designated/responsible  
licensed producer of the business entity:**

Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Signature of Designated/Responsible Licensed Producer/Adjuster \_\_\_\_\_

Typed or Printed Name of the Above Licensed Producer/Adjuster \_\_\_\_\_

Title \_\_\_\_\_

Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Notice: The Louisiana Department of Insurance may convert your payments by check to an electronic Automated Clearinghouse (ACH) debit transaction. This means that your account may be debited the day your check is received by the Louisiana Department of Insurance. Although the debit transaction will appear on your bank statement, your check will not be returned to your bank. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

# OBTAINING A BUSINESS ENTITY INSURANCE LICENSE

## General Instructions

This packet is designed to assist individuals preparing the licensing application of the Louisiana Department of Insurance. The forms and procedures of the application are designed to facilitate the review of the application. Therefore, it is extremely important that all applicants comply fully with the instructions and requirements set forth here.

While the Department staff will be happy to assist you and answer any questions you may have, we ask that you thoroughly review all instructions and forms before contacting us with questions.

- All submittals in association with this application must be sent through the United States Postal Service. Hand delivery is not acceptable and any information arriving in this manner will be returned without review.
- Complete the entire application. Submitting an incomplete application will result in a delay in the processing of the application.
- Do not alter the forms contained in this packet. If you feel the requirements do not apply to your firm, notify us. We will supply the proper form, if appropriate, and/or answer any questions you have about our forms.
- All applications must be typed or printed neatly. Illegible entries or responses will be considered incomplete and may result in the return of the application.
- All certified documents required in the application must be dated within ninety (90) days of submittal of the application.
- Unless otherwise indicated in the forms, all applicants must supply all items requested in this packet. If for some reason an item which would otherwise be required is not available, a written explanation must be supplied upon submission.
- To add a trade name to an entity license, a resident must submit a change of record form with a certificate from the Secretary of State's office showing the addition of the trade name. Non-residents must submit a change of record form with a letter of certification from their home state showing the addition of the trade name.

## Partnership License

### Resident Applicants

- ❑ A completed business entity application form.
- ❑ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ❑ An original letter of registration from the Louisiana Secretary of State dated within ninety (90) days of the date of submittal.
- ❑ A statement by the appropriate partner verifying that the partners listed on the application are duly named as partners in accordance with the partnership agreement.
- ❑ A statement verifying the percentage of interest and control of each partner in the partnership.
- ❑ The designated/responsible licensed producer/adjuster signing on behalf of the partnership must be licensed in Louisiana for the same lines and must be listed on page 1 of the application.
- ❑ Partnerships applying for a **variable annuity** license must provide a Central Registry Depository (CRD) report that verifies the partnership or the affiliated broker/dealer is approved with the National Association Security Dealers (NASD).

## Partnership License Continued

### Non-Resident Applicants

- ❑ A completed business entity application form.
- ❑ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ❑ Non-Residents do not need to submit a letter of certification or printout from the producer database (PDB) as long as current license information is available on the producer database.
- ❑ The designated/responsible licensed producer/adjuster signing on behalf of the partnership must be licensed in Louisiana for the same lines and must be listed on page 1 of the application.
- ❑ Partnerships applying for a **variable annuity** license must provide a CRD report that verifies the partnership or the affiliated broker/dealer is approved with the NASD.

## Corporation License

### Resident Applicants

- ❑ A completed business entity application form.
- ❑ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ❑ An original letter of good standing from the Louisiana Secretary of State dated within ninety (90) days of the date of submittal. Please note that you may request a certificate of good standing at the time the articles are filed.
- ❑ An attestation by the president of the corporation that discloses the identity and percentage of ownership of all officers, directors and of those persons who own 10 percent or more of the business entity.
- ❑ A statement by corporation's secretary verifying that the officers and directors of the corporation are duly appointed or elected in accordance with the articles of incorporation or bylaws of the corporation.
- ❑ A Louisiana domiciled corporation must have a president, a secretary and a treasurer. The same person may serve in the capacity of two of these required officer positions.
- ❑ The designated/responsible licensed producer/adjuster signing on behalf of the corporation must be licensed in Louisiana for the same lines and must be listed on page 1 of the application.
- ❑ Corporations applying for a **variable annuity** license must provide a CRD report that verifies the corporation or the affiliated broker/dealer is approved with the NASD.

### Non-Resident Applicants

- ❑ A completed business entity application form.
- ❑ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to The Louisiana Department of Insurance.
- ❑ Non-Residents do not need to submit a letter of certification or printout from the producer database (PDB) as long as current license information is available on the producer database.
- ❑ The designated/responsible licensed producer/adjuster signing on behalf of the corporation must be licensed in Louisiana for the same lines and must be listed on page 1 of the application.
- ❑ Corporations applying for a **variable annuity** license must provide a CRD report that verifies the corporation or the affiliated broker/dealer is approved with the NASD.

## Limited Liability Partnership License

### Resident Applicants

- ❑ A completed business entity application form.
- ❑ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ❑ An original letter of registration from the Secretary of State dated within ninety (90) days of the date of submittal.
- ❑ A statement by the appropriate partner verifying that the partners listed on the application are duly named as partners in accordance with the partnership agreement.
- ❑ A statement verifying the percentage of interest and control of each partner in the partnership.
- ❑ The designated/responsible licensed producer/adjuster signing on behalf of the partnership must be licensed in Louisiana for the same lines and must be listed on page 1 of the application.
- ❑ Limited Liability Partnerships applying for a **variable annuity** license must provide a CRD report that verifies the partnership or the affiliated broker/dealer is approved with the NASD.

### Non-Resident Applicants

- ❑ A completed business entity application form.
- ❑ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ❑ Non-Residents do not need to submit a letter of certification or printout from the producer database (PDB) as long as current license information is available on the producer database.
- ❑ The designated/responsible licensed producer/adjuster signing on behalf of the partnership must be licensed in Louisiana for the same lines and must be listed on page 1 of the application.
- ❑ Limited Liability Partnerships applying for a **variable annuity** license must provide a CRD report that verifies the partnership or the affiliated broker/dealer is approved with the NASD.

## Limited Liability Company

- ❑ A completed business entity application form.
- ❑ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ❑ An original letter of good standing from the Louisiana Secretary of State dated within ninety (90) days of the date of submittal. Please note that you may request a certificate of good standing at the time the articles are filed.
- ❑ A statement that discloses the identity and percentage of ownership of all persons who own 10 percent or more of the business entity.
- ❑ The designated/responsible licensed producer/adjuster signing on behalf of the company must be licensed in Louisiana for the same lines and must be listed on page 1 of the application.
- ❑ Limited Liability Companies applying for a **variable annuity** license must provide a CRD report that verifies the company or the affiliated broker/dealer is approved with the NASD.

### Non-Resident Applicants

- ❑ A completed business entity application form.
- ❑ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ❑ Non-Residents do not need to submit a letter of certification or printout from the producer database (PDB) as long as current license information is available on the producer database.
- ❑ The designated/responsible licensed producer/adjuster signing on behalf of the company must be licensed in Louisiana for the same lines and must be listed on page 1 of the application.
- ❑ Limited Liability Companies applying for a **variable annuity** license must provide a CRD report that verifies the company or the affiliated broker/dealer is approved with the NASD.

## State Chartered Bank/ Federally Chartered Institute

- ❑ A completed business entity application form.
- ❑ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ❑ State Chartered Banks must submit an original certificate of good standing from the Louisiana Office of Financial Institutions dated within ninety (90) days of the date of submittal.
- ❑ Federally Chartered Institutions must submit an original letter of good standing from the Office of Comptroller of Currency dated within ninety (90) days of the date of submittal.
- ❑ An attestation by the president that discloses the identity and percentage of ownership of the shareholders who own ten percent or more of the bank/institute.
- ❑ A statement by the applicant's secretary verifying that the officers and directors are duly appointed or elected in accordance with the articles and bylaws of the bank/institute.
- ❑ The designated/responsible licensed signing on behalf of the bank/institution must be licensed in Louisiana for the same lines and must be listed on page 1 of the application.
- ❑ A Financial Institution must list a president, secretary and a treasurer. The same person may serve in the capacity of two of these required officer positions.

## Credit Unions

- ❑ A completed business entity application form.
- ❑ The licensing fee is \$75.00 per line of authority. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ❑ A letter of good standing from the National Credit Union Administration (NCUA) or the Louisiana Office of Financial Institutions dated within ninety (90) days of the date of submittal.
- ❑ The designated/responsible licensed producer signing on behalf of the credit union must be licensed in Louisiana for the same lines and must be listed on page 1 of the application.

## Surplus Lines Broker Partnership/Corporation

### Resident Applicants

- ❑ A completed business entity application form.
- ❑ The licensing fee is \$250.00. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ❑ The counter signer must be licensed as a property & casualty producer and have two (2) years experience in the insurance business with an insurer or as a producer. An insurer must certify this experience in a notarized statement on company letterhead signed by an authorized representative of the insurer.
- ❑ The counter signer must take and pass the surplus lines exam.
- ❑ The counter signer must be registered as a member of the corporation with the Louisiana Department of Insurance.

### Non-Resident Applicants

- ❑ A completed business entity application form.
- ❑ The licensing fee is \$250.00. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ❑ Non-Residents do not need to submit a letter of certification or printout from the producer database (PDB) as long as current surplus lines information is available on the producer database.
- ❑ The counter signer must show proof of passing the surplus lines exam in their resident state by submitting a letter of certification showing they hold surplus lines in their home state.
- ❑ The counter signer must be registered as a member of the corporation with the Louisiana Department of Insurance.

## **Claims Adjuster Business Entity License**

### **Resident Applicants**

- ☐ A completed business entity application form.
- ☐ The licensing fee is \$55.00. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ☐ The designated responsible adjuster signing on behalf of the corporation must be licensed in Louisiana for the same lines and must be listed on Page 1 of the application.

### **Non-Resident Applicants**

- ☐ A completed business entity application form.
- ☐ The licensing fee is \$55.00. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ☐ Non-Residents do not need to submit a letter of certification or printout from the producer database (PDB) as long as current license information is available on the producer database.
- ☐ The designated responsible adjuster signing on behalf of the corporation must be licensed in Louisiana for the same lines and must be listed on Page 1 of the application.

## **Public Adjuster Business Entity License**

### **Resident Applicants**

- ☐ A completed business entity application form.
- ☐ The licensing fee is \$55.00. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ☐ The designated responsible adjuster signing on behalf of the corporation must be licensed in Louisiana for the same lines and must be listed on Page 1 of the application.
- ☐ Evidence of Financial Responsibility: Submit either a \$50,000.00 surety bond or irrevocable letter of credit in the amount of \$50,000.00 issued by a qualified financial institution authorized to do business in Louisiana. (Bond form may be found on the Department's website under Adjuster Licensing.

### **Non-Resident Applicants**

- ☐ A completed business entity application form.
- ☐ The licensing fee is \$55.00. Please make checks or money orders payable to the Louisiana Department of Insurance.
- ☐ Non-Residents do not need to submit a letter of certification or printout from the producer database (PDB) as long as current license information is available on the producer database.
- ☐ The designated responsible adjuster signing on behalf of the corporation must be licensed in Louisiana for the same lines and must be listed on Page 1 of the application.
- ☐ Evidence of Financial Responsibility: Submit either a \$50,000.00 surety bond or irrevocable letter of credit in the amount of \$50,000.00 issued by a qualified financial institution authorized to do business in Louisiana. (Bond form may be found on the Department's website under Adjuster Licensing.